

**The Disciplinary Board  
of the  
Supreme Court of Rhode Island**

\_\_\_\_\_

Date

Return Form to: Chief Disciplinary Counsel  
John E. Fogarty Judicial Annex  
24 Weybosset Street, 2nd Floor  
Providence, RI 02903  
(401) 222-3270  
(401) 222-1191 (Fax)

Please Print or Type:

\_\_\_\_\_

(First)

\_\_\_\_\_

(Middle Initial)

\_\_\_\_\_

(Last)

\_\_\_\_\_

(Mailing Address - Street or Post Office)

\_\_\_\_\_

(City/Town)

\_\_\_\_\_

(County) (State)

\_\_\_\_\_

(Zip Code)

Telephone Number(s) Business: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Attorney against whom you wish to file a complaint:

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Mailing Address)

Did you employ the attorney:    Yes ☐    No ☐

If yes, give the approximate date of employment: \_\_\_\_\_

If no, what is your connection with the attorney?

Nature of Complaint. (a) Provide a detailed description(dates, names, etc.) of the attorney's conduct. (b) Attach additional pages as necessary. (c) Please provide a copy of any document(s) that you refer to in your complaint. (d) Please ***sign*** your complaint.

If your complaint is about a law suit, please furnish the following information, if available:

Title of Suit: \_\_\_\_\_

Suit Number: \_\_\_\_\_ Date Suit Filed (approximate) \_\_\_\_\_

Name of Court: \_\_\_\_\_

\_\_\_\_\_  
(Signature)